

# New Hampshire Department of Safety

## Division of Fire Standards and Training and Emergency Medical Services

Mail: 33 Hazen Drive, Concord, New Hampshire 03305  
Location: 222 Sheep Davis Road, Route 106, Concord, New Hampshire  
Telephone: 603-271-2661 FAX: 603-271-1091 Toll Free: 1-800-371-4503



Received – Date Stamp

### GENERAL ADMISSION APPLICATION

#### PERSONAL INFORMATION

Name:		Sex (M/F):		SS No.:		DOB:	
Home Address:			City:		State		Zip
Daytime Telephone:			Night Telephone:				

#### AGENCY INFORMATION

Department/Agency:		Rank/Position:					
Agency Address:			Permanent/Call/Volunteer:				
Agency Telephone:		City		State		Zip	

#### PROGRAM INFORMATION

Program Requested		Date		Location:		CREF#	
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I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the New Hampshire Division of Fire Standards and Training if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.

Signature of applicant		Date	
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I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.

Signature of Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

#### PAYMENT METHOD

Credit Card: **\$10.00 minimum in all charges**

_____ Personal Check	Full Name Listed on Card:	
_____ Agency P.O. Enclosed**:	Card Number	
_____ Agency Payment Advice	Expiration Date:	
	Signature:	
** Signature required (see below)	Payment Amount \$:	

#### PLEASE ALLOW 6-8 WEEKS FOR REFUNDS

The \_\_\_\_\_ agrees to pay all fees for attendance of the listed applicant upon billing by the Division of Fire Standards and Training.

Signature of Agency Representative		Date	
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**Request for overnight accommodations – Please see reverse side**

## REQUEST FOR OVERNIGHT ACCOMMODATIONS

\_\_\_\_ Yes, I am requesting accommodations at the Richard M. Flynn Fire Academy on the dates listed below.

Please fill out completely

Name:		Program:	
Date and Time of Arrival:		Date and Time of Departure:	
Emergency Contact:		Emergency Telephone:	
Special/Medical/Handicap Considerations:			

**A fee of \$ 25.00 per night will be assessed on any non-New Hampshire resident or any in-state, non-fire service personnel who wish accommodations at the dormitory. A fee of \$ 25.00 will be assessed for any room key not returned.**

**Students are requested to bring toiletries and towel. These items are not available from the Fire Academy.**

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### For Official NHFA Use Only

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Room Assigned: \_\_\_\_\_

Key Issued: \_\_\_\_\_ Key Returned: \_\_\_\_\_

Comments: \_\_\_\_\_